



Commission on Improving *the* Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, August 15, 2018

Indiana Government Center South, Conference Room C

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Bernice Corley, Executive Director, Public Defender Council
- Jason Dudich, Director, State Budget Agency
- Representative David Frizzell
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General (non-voting member)
- Senator Erin Houchin
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Kevin Moore, Director Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Jane Seigel, Interim Chief Administrative Officer, Indiana Office of Judicial Administration
- Terry Stigdon, Director, Indiana Department of Child Services
- Representative Vanessa Summers
- Dr. Jennifer Walthall, M.D., Secretary, Indiana Family and Social Services Administration

1. Welcome and Introductions

Chief Justice Rush called the meeting to order at 10:02 a.m. The Chief thanked those who had attended or helped produce the statewide opioid summit, which had over 900 attendees. She indicated that it was very well received. Chief Justice Rush highlighted the Commission's annual report and other handouts in the packet. She welcomed Bernice Corley to the Commission. Bernice is a new member replacing Larry Landis, who retired.

2. Approval of minutes

Rep. Frizzell moved to approve the minutes as presented. The motion was seconded and carried 9-0.

3. Child Wellbeing Disparities

Presentation: Charlie Geier of the Indiana Youth Institute presented data on the wellbeing of Hoosier children, highlighting various disparities in child wellbeing by race, sexual orientation, geography, and gender. Charlie highlighted racial disparities in children with an incarcerated parent, children in foster care, and poverty. He

highlighted a geographic disparity in food insecurity, with rural counties having the highest rates. He discussed achievement gaps with various subgroups of students and disparities in special education services, high ability programming, and school discipline. In the area of health, Charlie highlighted the large disparity in suicidal ideation among youth of different sexual orientations. Infant mortality has a significant racial disparity, while smoking has disparities by geography and age. Obesity shows disparity by poverty level as well as race and ethnicity. In the safety area, Charlie highlighted disproportionate minority contact with the juvenile justice system and geographic differences in the rate of substantiated child maltreatment reports. Bullying has disparities by gender, and perception of school safety varies by race and poverty.

Discussion: Chief Justice Rush asked whether the data is being considered by the task forces in the context of the strategic plan. Julie referenced the Commission's operational objective to ensure cultural competence and indicated that the data will be shared with the Task Forces to inform their work. Dave Powell asked about the sources of the data that was presented, and Charlie indicated that it was primarily from state and federal agencies, as well as a few select national surveys. Rep. Frizzell asked for data on smoking cessation programs and their success rates. Dr. Walthall mentioned that both FSSA and ISDH have both launched health equity offices. At ISDH the office is tied to the accreditation of local health departments. At FSSA, the health equity office is overseen by the new Chief Medical Officer, and FSSA also has a social determinants office called the "healthy opportunities office" which started in January to combine information on disparities and social context with program information to ensure that solutions are correctly targeted within communities and populations. Chief Justice Rush also would like information on evidence-based smoking cessation programs.

4. Strategic Priority: Child Safety & Services

Presentation: Victoria Szczechowski gave a brief update on the Child Services Oversight Committee. The Committee met on July 18 and heard a presentation from DCS on its progress implementing the CWG recommendations, including decentralizing decision making, recruiting more foster families, hiring data analysts, making salary adjustments for staff, and developing legislative proposals for 2019. The Committee was affirmed as the best venue for DCS to continue to report its progress. The Committee will meet again on Sept. 18. For legislative recommendations, Rep. McNamara is deferring to the Interim Study Committee on the Judiciary, which was assigned by the Legislative Council to address legislation concerning DCS and the CWG recommendations.

Presentation: Dr. Leslie Hulvershorn presented a brief update on the Child Safety and Services Task Force. She reported that the Zero Suicide Academy took place July 25-26 and 11 entities sent teams to the training. The hospitals and mental health centers present were: Centerstone; Deaconess Health System; Franciscan Health (Western Division); Grant Blackford Mental Health; Swanson Center; Lifespring Health Services, Inc.; Meridian Health Services; Richard L. Roudebush VA Medical Center (Indy VA Hospital); Rush Memorial Hospital; St. Joseph Hospital; and WindRose Health Network. Those hospitals and mental health centers are doing follow up work on their policies and practices to implement the model. She indicated that there will be more of these academies, and there is readiness work that hospitals and mental health centers need to do prior to attending an academy. Dr. Hulvershorn anticipates that more hospitals will be doing that prep work and attending future academies.

She reported a concern has arisen among the task force that in some cases, parents of a child with suicidal risk refuse treatment, and the Task Force will be taking a look at that. She reported that the subcommittee on the Safety of Children in State Care is now being convened and led by Chris Daley of IARCA.

Presentation: Sandy Runkle of Prevent Child Abuse Indiana, chair of the Child Abuse Prevention Subcommittee, presented the committee's work to list current child abuse prevention resources and make a plan to prevent child maltreatment. The subcommittee surveyed 800 providers on their knowledge of prevention programs and resources and developed a list of those resources. Through the survey they found that many providers were not aware of one another, including programs that are statewide or have a presence in several counties. The subcommittee planned to share this awareness information back with the programs so they can use the

information in their marketing and outreach plans. They also plan to share the list of resources with 211 to ensure that all programs and resources are included in that statewide resource database. The subcommittee requested any additional ideas the Commission might have to increase awareness of prevention resources among service providers.

Discussion: Rep. Summers suggested convening providers together in person, perhaps through local or regional provider fairs, to increase knowledge and mutual referrals to services. Chief Justice Rush suggested asking the Data Sharing and Mapping Committee to map the prevention resources, especially for the rural communities. The map could then be sent out to the communities.

Presentation: Sandy Runkle continued her presentation with the subcommittee's recommendation. The subcommittee has learned through several sources that statewide prevention plans or frameworks are becoming a recommended practice, and in some cases are required by federal grants. It therefore might be useful for Indiana to create a statewide prevention framework. Prior to making that recommendation, however, the subcommittee would like to request that all state agencies and entities that have statewide plans relevant to child abuse prevention forward those plans to the Child Safety and Services Task Force, so that the subcommittee may review them and determine if Indiana already has a plan or framework that would provide a good basis upon which to build a child abuse prevention plan.

Action: Rep. Frizzell moved to endorse the subcommittee's request for the submission of any agencies' or entities' statewide plans pertinent to child abuse prevention to the Child Safety and Services Task Force. The motion passed 14-0.

Presentation: Brent Kent of Connected by 25 and Joshua Christian, a student at Marian University and foster care alum, presented on the research and benefits of extending supportive services to foster youth through age 23. The extension of services was a recommendation of the CWG report, and is allowed to be paid with federal funds by the Families First Prevention and Services Act. Currently in Indiana, foster care is available to age 20 and aftercare to age 21. Brent reported on the Midwest Study on Foster Youth, which looked at older foster youth from Illinois, Wisconsin, and Iowa, and compared life outcomes of foster youth against the general population, and those receiving extended care to those who age out at age 18. In the general population, about 50% of youth ages 18-24 live with one or both parents, and parents provide an estimated \$38,000 per child in material assistance between the ages of 18 and 34. Youth in extended foster care are more likely to pursue and complete postsecondary education, and less likely to experience pregnancy, homelessness, and involvement in the criminal justice system. There is an estimated expense to the community of \$300,000 per child who ages out of foster care at age 18 due to involvement with multiple service systems. Joshua presented on his personal experience in foster care and its impact on him as a youth, including the benefits of the independent living services he has received through age 21. He reported quotes from other older foster youth who described the benefits of extending services and why they feel the services should be extended.

Discussion: John Hammond recommended that the Commission bring Joshua back to present again after his term as a Jim Casey Young Fellow is complete, to report on what he has learned. Dave Powell stated that he had recently been at a human trafficking conference where he learned that the average age at which trafficking begins is 15, and 77% of girls who are trafficked are former or current foster youth. Rep. Summers also recently heard presentations from two young adults who were former foster youth at a conference of the National Council of State Legislatures. She took away the importance of youth having support from the state when there is no one else to support them.

Action: Chief Justice Rush moved that the Commission recommend that services be available to foster youth through age 23. Rep. Summers seconded and the recommendation passed 14-0.

5. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation: Don Travis provided a brief update on the work of the Juvenile Justice and Cross-System Task Force. Don reported on a conference organized by Pew Charitable Trusts, which was attended by several members of the Task Force, where they learned about Pew's work in other states. Some states, with Pew support, had succeeded in implementing evidence-based programs in all counties, and had innovative solutions for truancy and other status offenses. The Task Force co-chairs would like to discuss with the Executive Committee the best way to approach legislators and include them in the subcommittee that will work with Pew.

Don also reported that the CSEC subcommittee is working on the legislative study assignment to look at law enforcement detaining child victims of trafficking. That group will be presenting to the Task Force on October 5 and the Commission on October 17.

6. Strategic Priority: Mental Health & Substance Abuse

Presentation: Senator Randy Head provided an update on the work of the Substance Abuse and Mental Health Task Force. Senator Head reported on three bills the Task Force had worked on in the past legislative session, including the bill that the Commission supported to align Indiana's licensing standards for Licensed Mental Health Counselors with those of other states to help retain mental health counselors in Indiana. The Task Force also worked on requiring a short mandatory survey for providers renewing their licenses, as well as a bill requiring continuing education for opioid prescribers, which Congresswoman Susan Brooks later used as a model for an act she introduced in Congress.

Senator Head reported that the Task Force has reconfigured its subcommittees to meet the objectives that are still outstanding for the Task Force. The subcommittees are moving forward with study and meeting with experts on these topics: integrating mental health with primary care for children; mobile crisis response teams, which may include using telehealth in rural areas; school-based care; recruitment of mental health professionals; development of models to identify youth at risk for substance abuse and mental health issues; and supporting efforts to ensure access to care for youth and parents with substance abuse issues.

Discussion: Chief Justice Rush commended Senator Head on his commitment to the Commission and the amount of work his Task Force has accomplished.

Presentation: Mary Kay Hudson of the Indiana Office of Court Services and Sarah Sailors of DCS made a presentation on Family Recovery Courts (FRC). Mary Kay noted that Indiana has 96 problem-solving courts, of which adult drug courts are the most well-known. Family recovery courts are a subset of this group, and Indiana currently has seven certified FRCs, with two more in development. The expansion of FRCs is a partnership of the Courts and DCS. National research shows positive impact of the model on completion of treatment and family reunification, as well as a positive cost-benefit analysis. The objective over the next one to two years is to have at least one FRC in each judicial district, of which there are 26 in Indiana. DCS and the Supreme Court recently hosted a training for existing FRCs as well as counties who are planning or considering establishing a FRC. Mary Kay noted that FRC is not appropriate for every family, and FRCs need to have a systematic process for identifying appropriate families who can benefit from this type of court.

Sarah Sailors stated that child welfare must be progressive and try new solutions to meet families' needs and help them make sustainable change. DCS has informed its staff and communities about the impact the FRC model can have within child welfare. The model is built on a foundation of collaboration, communication, support, and accountability. The goal is for families to sustain recovery.

Discussion: John Hammond asked what the certification process is like. Chief Justice Rush said the process is extensive. Mary Kay explained that the process is based on statute which authorizes the Indiana Office of Court Services (IOCS) to provide training, support, and certification to the FRCs. The certification brings assurance that the court is using evidence-based practices. In its application, the court has to detail its policies and procedures and adherence to court rules. IOCS works with courts to stay current on best practices, and courts must be re-

certified every three years. Kevin Moore spoke in support of the FRC model and said that it supports prevention as well as intervention. He said there is a lot of talk about recovery-oriented systems of care, and noted that the FRC model brings the “coercive gentleness” of the court into the system of care. He said the outcomes can be life-changing for the kids and families, and the initiative deserves support.

7. Strategic Priority: Educational Outcomes

Presentation: Melaina Gant and Cathy Danyluk provided a brief update on the progress of the Educational Outcomes Task Force. Melaina reported that Derek Grubbs of DOC has been added as an additional co-chair to the Educational Passport subcommittee; and the school discipline and climate subcommittee has helped IDOE with the creation of surveys on school discipline and bullying that were mandated by the legislature. A report on foster and homeless graduation rates is expected in January 2019.

Presentation: Dr. Terri Miller of Boone/Hamilton/Madison Special Services and Chair of the Mental Health in Schools Subcommittee presented the findings and recommendations of the subcommittee. Dr. Miller referenced a number of different resources that were consulted by the subcommittee to formulate its recommendations. She provided data on the unmet mental health needs of children, including suicidal ideation, early onset of mental illness, and the low percentage of children with a mental health need that receive services. She discussed the Interconnected Systems Framework, which incorporates implementation science to ensure that changes instituted are sustainable. The subcommittee felt that their charge was very well aligned with the System of Care values and supporting principles, which DMHA has worked to institute throughout the state over the past several years. The subcommittee also noted where their recommendations align with Indiana’s federal ESSA plan. Dr. Miller presented three public school districts that are already implementing the recommendation, which is to have a person in each school district that is dedicated to coordinating social emotional learning (SEL) and mental health programming and services. The three example districts are Evansville Vanderburgh, Hamilton Southeastern, and Indianapolis Public Schools. She noted that smaller districts may not have a need for this to be a full-time position, but it would still be important for someone to have SEL/Mental Health coordination within their job description. She presented data on the positive outcomes each of the three districts has seen from implementing SEL/Mental health initiatives under the coordination of a specific position.

The subcommittee identified five pieces of infrastructure needed for an effective mental health response in schools:

1. Data collection and procedures integrated between systems
2. Systems to support and oversee the work and procure additional resources
3. Integration of SEL framework with academics, school improvement plans, and mental health supports, including MTSS
4. Promotion and systematic support of mental health and self-care for staff
5. District-level procedures and data collection to assist in identification of necessary supports for individuals or groups of students

Through its research, the subcommittee came to the recommendation that each school district designate a person to facilitate and oversee the integration of social emotional learning and mental health in schools. A second recommendation is to look at existing models in Indiana and locate resources to evaluate those efforts. There may be a possibility of collaborating with the Lilly Endowment’s evaluation of its school counseling grantee projects. Finally, Dr. Miller requested that if the recommendation is approved, it be sent out through all the education-related professional associations.

Discussion: Dr. McCormick talked about what IDOE is doing to help on this issue, because they do hear from schools and districts the need for additional personnel and programming in the area of mental health. IDOE has done some reorganization to create a position to oversee social and emotional learning to help schools connect to individuals and programs in this area, as well as vetting programs and resources, because there is a lot out there of both good and bad quality, and schools can use help determining which programs to implement. Dr.

McCormick also mentioned that the federal ESSA plan includes monitoring student subgroup data to ensure that resources are allocated as needed to ensure all groups of students succeed. Terri Miller mentioned that Christy Berger, who is in the newly created SEL role at IDOE, and Bethany Ecklor, who oversees school-based programs for DMHA, both participated in the subcommittee and brought the perspective of their respective agencies. Dave Powell mentioned that DCS and Juvenile Probation should also be included in the discussion of school-based mental health. On the local level, often the juvenile prosecutor or probation office are called to schools. John Hammond asked for clarification on the second part of the recommendation, about which programs would be evaluated. Cathy Danyluk stated that IDOE will have more information when the legislatively mandated needs assessment and school discipline surveys are completed. Dr. McCormick clarified that the recommendation to have a designee in each school district is not necessarily a recommendation to hire new staff; the main idea is to know who the person is that should receive and filter information on this topic for each district. Dr. Miller commented that the needs assessment may show that additional personnel and resources are needed in districts where current personnel are stretched, and expressed hope that if that is the case, additional resources could be located. Melaina Gant mentioned that the committee could combine perspectives to create some guidance on the ideal background of the district-identified designee for SEL and Mental Health.

Action: Representative Frizzell made the motion to approve the recommendation that each school district designate personnel to facilitate and oversee the integration of social emotional learning and mental health in schools and advocate for funding in the future for whatever those needs might be. The motion was approved 14-0.

8. Committee Updates

Presentation: Tamara Weaver and Tyler Brown presented an update on the work of the Data Sharing and Mapping Committee. Tamara updated the Commission on the progress of the MOU on updating the information sharing guide, which the Commission approved at its last meeting. Tamara said that the committee would be meeting with the designated attorneys in the coming week to begin gathering the update information, with the plan for the Committee to compile all the results and push out an app update in January. She noted that the Committee would be adding foster parents as a record requester in this update, as well as separating information on medical, mental health, and substance abuse records for greater clarity. She reported that the committee expects to receive all the updates from the agency attorneys by mid-September.

Tyler provided an update on the data request from the Educational Outcomes Task Force. MPH has data sharing agreements with all relevant parties. Tyler has had meetings with data staff from FSSA, DCS, and IDOE to talk through the request, and will bring all parties together in the next week to work on the details.

Discussion: Chief Justice Rush noted that the data will be very helpful to provide a baseline against which to measure future progress, including whether extending services to older foster youth makes a difference for their educational progress.

Presentation: Kathryn Dolan presented the Commission's annual report on behalf of the Communications Committee. She stated that the Committee had a communication plan ready to go that afternoon if the report should be approved. The Committee will distribute a press release as well as tweet the report's availability. The committee also created electronic "billboards" for state agency web sites to use to connect to the report electronically. She said that 100 printed copies were ready to distribute, and requested the Commission's formal approval of the report.

Action: Dave Powell moved to approve the annual report, Rep. Frizzell seconded, and the motion carried 14-0.

9. Executive Director Updates

Presentation: Julie Whitman provided a brief update on the national meeting of state children's cabinet directors she attended in Annapolis, MD. She also presented a revision to the Commission's Roles and Responsibilities document to include a section for the Commission Chair. Of the Chair duties included in the new section, some are listed in statute, some are included in other process documents the Commission has approved, and some are done as a matter of current practice.

Action: Dave Powell moved to approve the amended Roles and Responsibilities document. The motion was seconded and carried 13-0.

10. Future Meeting Topics

John Hammond requested that Commission members send any ideas for future meeting topics to Julie for consideration at the Executive Committee meetings.

11. Adjournment

The meeting was adjourned at 11:57 a.m.